Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						•	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY					
FC)R	NUM	BER FILED	· · · · · · · · · · · · · · · · · · ·	NUMBER EXTRA		FEE	1	RATE	FEE				
BA	SIC FEE		• ;			RATE	345.00	OR		690.00				
тс	TAL CLAIMS		, C minus 2	20= *		X\$ 9=	1	1	X\$18=					
					X39=	 	OR							
<u> </u>	INDEPENDENT CLAIMS # minus 3 = * MULTIPLE DEPENDENT CLAIM PRESENT						ļ	OR	X78 <u>=</u>	ļ				
								OR	+260=					
* f 	the difference	TOTAL		OR	TOTAL									
	С	LAIMS AS	AMENDED			_	OTHER							
_	w ·	(Column 1)	(Column 2) HIGHEST	(Column 3)	SMALL		OR •	SMALL					
AMENDMENT A		REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	Total	. 25	Minus	-20	= 5	X\$ 9=	4500	OR	X\$18=					
	Independent	. 3	Minus	3	=	X39=		ÖR	X78=					
	FIRST PRESE	NTATION OF	MULTIPLE DEF	PENDENT CLAIN	1	. 100			+260=					
						+130= TOTAL		OR	TOTAL					
				•		ADDIT. FEE		OR	ADDIT. FEE					
		(Column 1) 	(Column 2) HIGHEST	(Column 3)									
AMENDMENT B		REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE				
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=					
	Independent	*	Minus	***	= .	X39=		OR	X78=					
/	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<u> </u>								
						+130=		OR	+260=					
				•	•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE					
		(Column 1) ·	(Column 2)	(Column 3)									
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN!	C. K. Confin	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	Total	•	Minus	**	=	X\$ 9= ·		OR	X\$18=					
	Independent	*	Minus	***,	=	X39=		ŀ	X78=					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR						
	the entry in colum	+130=		OR	+260=									
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20" ADDIT. FEE ADDIT. FEE														
				***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _	9/6	:4/923
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Total Fee Calculation

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Independent Deum, 23	7 <u>111 : 11</u>	2				.——
Multi Cas Claum Printers	<u>: 12 102</u>					
Surstange English Thanslanda	100 H01				130 .	130
TOTAL FEE CALCULA Fore due upon filing to	7:05					
Towi Filing Fees Gee =	· 3	<i>§</i> 2	0 , W_			
Less Filing Fees Submit	med S					
BALANCE DUE	= \$	82	0.0			,
Office of Initial Patent Ex	Or Arte					

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)